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**APPLICANTS**

Michael J. Wookey, Los Gatos, CA;

**\*\* CONTINUING DATA \*\*\*\***

This appln claims benefit of 60/469,767 05/12/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>2tr S</i> Examiner's Signature <i>HC</i> Initials
STATE OR COUNTRY	CA
SHEETS DRAWING	26
TOTAL CLAIMS	10
INDEPENDENT CLAIMS	4

**ADDRESS**

58328

**TITLE**

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FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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